

Please read the back of this card.

Patient Identification Code (PIC)				Medical Coverage Information							
Initials	Birthdate	Last Name	TB	Insurance	Medicare	HMO	Detox	Restriction	Hospice	DD Client	Other
First and middle initial of client's name	Client's date of birth	First 5 letters of the client's last name	Assigned by MAA	Private Health Insurance		Health Plan if enrolled					

Washington State
DEPARTMENT OF
SOCIAL & HEALTH
SERVICES

MEDICAL IDENTIFICATION CARD

This Card Valid From: **02/01/2003**
To: **02/28/2003**

PO BOX 45531
OLYMPIA WA 98504-5531

LANGUAGE: KOREAN

F06

Client's eligibility program

A new language identifier was added to the top of the medical ID card to help providers identify the client's primary language for interpreter services.

CNP

800-440-1561 BHPP CHPW
Case Number

SHOW TO MEDICAL PROVIDER AT TIME OF EACH SERVICE DSHS 06-028
(REVISED 08/93)(AC 06/1996)

NOT TRANSFERABLE
SIGNATURE (Not Valid Unless Signed)